

MHN

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Chief of Criminal Appeals, Illinois Attorney General's Office 100 West Randolph- 12th Floor Chicago, IL 60601		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		RECEIVED MAY 09 2008	
		3. Service Type Office Services <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 0100 0001 7312 1771			
PS Form 3811, February 2004		Domestic Return Receipt 08CV2595 102595-02-M-1540	

08CV2595

FILED

5-23-2008

MAY 23 2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT